

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Control external hemorrhage prn ([MCG 1370](#))
3. Administer **Oxygen** prn ([MCG 1302](#))
4. Assess for signs of trauma
For traumatic injury, treat in conjunction with [TP 1244, Traumatic Injury](#)
5. Initiate cardiac monitoring prn ([MCG 1308](#))
Perform 12-lead ECG if cardiac ischemia suspected and treat per [TP 1211, Cardiac Chest Pain](#)
6. For patients with dysrhythmias, treat per [TP 1212, Cardiac Dysrhythmia - Bradycardia](#) or [TP 1213, Cardiac Dysrhythmia - Tachycardia](#)
If patient with palpitations but normal sinus rhythm on 12-lead ECG – document Provider Impression as *Palpitations*
7. Establish vascular access prn ([MCG 1375](#))
8. Assess and document pain ([MCG 1345](#))
Consider the following Provider Impressions:
If chest pain present without suspicion of cardiac cause – document *Chest Pain – Not Cardiac* ❶
If pain in neck or back without trauma – document *Body Pain – Non-traumatic*
If headache and no report or signs of trauma – document *Headache – Non-traumatic*
9. For pain management: ([MCG 1345](#))
Fentanyl 50mcg (1mL) slow IV push or IM/IN
Repeat every 5 min prn, maximum total dose prior to Base contact 150mcg
Morphine 4mg (1mL) slow IV push or IM
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

CONTACT BASE for additional pain management after maximum dose administered:
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg
10. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM and treat in conjunction with [TP 1205, GI/GU Emergencies](#)
11. For patients with complaints of weakness
Assess neurologic exam; if focal findings present or stroke suspected treat per [TP 1232, Stroke/CVA/TIA](#)
If no focal weakness present and complaint of generalized weakness – document Provider Impression as *Weakness – General*
12. For patients with complaints of hypertension without other signs or symptoms – document Provider Impression as *Hypertension* ❷
13. Consider the following Provider Impressions:
If cold/cough symptoms without respiratory distress or wheezing – document *Cold/Flu Symptoms*

If isolated pain or swelling in one or more extremities – document *Extremity Pain/Swelling – Non-traumatic* ③

SPECIAL CONSIDERATIONS

- ❶ When evaluating a patient for chest pain consider age, previous history of cardiac disease or MI, risk factors, and signs and symptoms to determine if cardiac chest pain suspected. Obtain a 12-lead ECG if age ≥ 35 years and/or patient has risk factors (hypertension, diabetes mellitus, high cholesterol, personal history of cardiac disease, or family history of early cardiac disease – defined as CAD/MI at age < 50 years old).
- ❷ Hypertension in a pregnant or recently post-partum patient is a sign of eclampsia, which requires immediate emergency and obstetric care. Additional signs of eclampsia are edema and seizures. Patients who are ≥ 20 weeks pregnant or ≤ 6 weeks post-partum with hypertension (BP $\geq 140/90$ mmHg) should be transported to the ED for evaluation.
- ❸ For patients with bilateral swelling of lower extremities, evaluate for signs of congestive heart failure. Careful examination of breath sounds and vital signs, including respiratory rate and pulse oximetry, should be performed. If there are signs or symptoms of pulmonary edema, treat per [TP 1214](#), [Pulmonary Edema / CHF](#).